

FEB 19 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1172  
Registrar's No. 132

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County. Jackson  
(b) City or town. Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1226 Vine Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 22 years (Specify whether years, months or days)  
In this community.

3. (a) PRINT FULL NAME. Anno McFall Waltman

3. (b) If veteran, name war. No 3. (c) Social Security No. none

4. Sex. Female 5. Color or race. Negro 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Robert Waltman 6. (c) Age of husband or wife if alive. 35 years

7. Birth date of deceased. June 1 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 67 Days 8 If less than one day hr. min.

9. Birthplace. Miami Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. housewife

11. Industry or business.

12. Name. unknown

13. Birthplace. unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name. unknown

15. Birthplace. unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant. Margaret Wilson

(b) Address. 1226 Vine Street

17. (a) Burial (b) Date thereof. 1-9-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Highland Cemetery

18. (a) Signature of funeral director. E. Steinhilber

(b) Address. 1811 E. 12th St. K.C.M.O.

19. (a) Jan 9 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson  
(c) City or town. Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1226 Vine Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. January day. 5th year. 1941 hour. (Two) minute. 29 M.

21. I hereby certify that I attended the deceased from 1/4, 1941, to 1/5, 1941.  
that I last saw her alive on 1/5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial Breakdown

Due to Senile Myoasthenia  
Other conditions. 93d  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations. None  
Of autopsy. None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).  
(b) Date of occurrence. 1/5  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury. None

23. Signature. Eugene B. Perry (M. D. or other)  
Address. 1214 Olive Date signed. 1/6/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed G. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1811 E. 12th St.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**